

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States to develop a framework for the Title XXI annual reports.

The framework is designed to:

- ❖ Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- ❖ Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: Nebraska
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name(s): Kids Connection

SCHIP Program Type:

- ☒ SCHIP Medicaid Expansion Only
☐ Separate Child Health Program Only
☐ Combination of the above

Reporting Period: Federal Fiscal Year 2002 *Note: Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02.*

Contact Person/Title: Deborah A. Scherer, RN

Address: 301 Centennial Mall, South, Lincoln, NE 68509-5026

Phone: (402) 471-0122 Fax: (402) 471-9092

Email: deb.scherer@hhss.state.ne.us

Submission Date: December 26, 2002

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)*

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in place and would like to comment why, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility	From	150	% of FPL for infants	185	% of FPL	From		% of FPL for infants		% of FPL
	From	133	% of FPL for children ages 1 through 5	185	% of FPL	From		% of FPL for children ages 1 through 5		% of FPL
	From	100	% of FPL for children ages 6 through 16	185	% of FPL	From		% of FPL for children ages 6 through 16		% of FPL
	From	100	% of FPL for children ages 17 and 18	185	% of FPL	From		% of FPL for children ages 17 and 18		% of FPL
Is presumptive eligibility provided for children?		No					No			
	X	Yes, for whom and how long? All qualified children age 18 and under until determined ineligible, Medicaid eligible or CHIP eligible.					Yes, for whom and how long?			
Is retroactive eligibility available?		No					No			
	X	Yes, for whom and how long? All qualified children age 18 and under for up to 3 months prior to date of application.					Yes, for whom and how long?			
Does your State Plan contain authority to implement a waiting list?	Not applicable						No			
							Yes			
Does your program have a mail-in application?		No					No			
	X	Yes					Yes			
Does your program have an application on your website that can be printed, completed and mailed in?		No					No			
	X	Yes					Yes			
Can an applicant apply for your program over phone?	X	No					No			
		Yes					Yes			
Can an applicant apply for your program on-line?	X	No					No			
	Yes – please check all that apply						Yes – please check all that apply			
	<input type="checkbox"/> Signature page must be printed and mailed in <input type="checkbox"/> Family documentation must be mailed (i.e., income documentation) <input type="checkbox"/> Electronic signature is required					<input type="checkbox"/> Signature page must be printed and mailed in <input type="checkbox"/> Family documentation must be mailed (i.e., income documentation) <input type="checkbox"/> Electronic signature is required <input type="checkbox"/> No Signature is required				

	SCHIP Medicaid Expansion Program		Separate Child Health Program	
Does your program require a face-to-face interview during initial application	X	No		No
		Yes		Yes

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No		No
		Yes Note: this option requires an 1115 waiver Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6		Yes Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6
	specify number of months		specify number of months	
Does your program provides period of continuous coverage <u>regardless of income changes?</u>		No		No
	<input checked="" type="checkbox"/>	Yes ffy 2002 (prior to 11/01/2002)		Yes
	specify number of months		specify number of months	
	12			
	Explain circumstances when a child would lose eligibility during the time period in the box below Child turns 19 years old; Child moves out of state; Child moves into an ineligible living arrangement; Child dies; Original eligibility determination was based on erroneous or incomplete information; Parental request.		Explain circumstances when a child would lose eligibility during the time period in the box below	
Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No		No
		Yes		Yes
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below	
Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No		No
		Yes		Yes
Does your program require an assets test?	<input checked="" type="checkbox"/>	No		No
		Yes		Yes
	If Yes, please describe below		If Yes, please describe below	
Is a preprinted renewal form sent prior to eligibility expiring?		No ffy2002 (prior to 11/01/2002)		No
	Yes, we send out form to family with their information precompleted and <input type="checkbox"/> ask for confirmation		Yes, we send out form to family with their information precompleted and <input type="checkbox"/> ask for confirmation	
	<input type="checkbox"/> do not require a response unless income or other circumstances have changed		<input type="checkbox"/> do not require a response unless income or other circumstances have changed	

2. Are the income disregards the same for your Medicaid and SCHIP Programs? ☒ Yes ☐ No
3. Is a joint application used for your Medicaid, Medicaid Expansion and SCHIP Programs? ☒ Yes ☐ No

4. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program		Separate Child Health Program	
	Yes	No Change	Yes	No Change
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)		X		
b) Application		X		
c) Benefit structure		X		
d) Cost sharing structure or collection process		X		
e) Crowd out policies		X		
f) Delivery system		X		
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)		X		
h) Eligibility levels / target population		X		
i) Eligibility redetermination process		X		
j) Enrollment process for health plan selection		X		
k) Family coverage		X		
l) Outreach		X		
m) Premium assistance		X		
n) Waiver populations (funded under title XXI)		X		
Parents		X		
Pregnant women		X		
Childless adults		X		
o) Other – please specify				
a. _____				
b. _____				
c. _____				

5. For each topic you responded yes to above, please explain the change and why the change was made, below.

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefit structure	
d) Cost sharing structure or collection process	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
h) Eligibility levels / target population	
i) Eligibility redetermination process	
j) Enrollment process for health plan selection	
k) Family coverage	
l) Outreach	
m) Premium assistance	
n) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
o) Other – please specify	
a.	
b.	
c.	

SECTION II: PROGRAM'S STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

1. In the table below, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program and if the strategic objective listed is new/revised or continuing.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured and progress toward meeting the goal. Please include the data sources, the methodology and specific measurement approaches (e.g., numerator and denominator). Attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was previously reported, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
New/revised _____ Continuing _____ See Attached Spreadsheet		Data Sources: Methodology: Progress summary: No Change
New/revised _____ Continuing _____		Data Sources: Methodology: Progress summary:
Objectives Related to SCHIP Enrollment		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Medicaid Enrollment		

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Other Objectives		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:

2. How are you measuring the access to, or the quality or outcomes of care received by your SCHIP population? What have you found?

Access to care, quality and outcomes of care are measured by client phone calls. Clients who are unable to access care because they cannot find a health care provider who will accept Kids Connection are referred to a contracted Public Health Nurse in the community who will assist them to establish a medical home with a Medicaid/Kids Connection provider. We have found that dental access continues to be an issue for eligible persons. Quality and outcome of care complaints are reviewed by policy program staff and referred appropriately when necessary to other divisions within the Health and Human Services System (e.g. Fraud and Abuse, Regulation and Licensure).

3. What plans does your SCHIP program have for future measurement of the access to, or the quality or outcomes of care received by your SCHIP population? When will data be available?

Access to, quality and outcome of care will be measured for the SCHIP population in conjunction with Nebraska Medicaid's managed care program, Nebraska Health Connection. The date the data will be available is unavailable at this time.

4. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

None

5. Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings.

N/A

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

ENROLLMENT

1. Please provide the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the reporting period. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS).

16,277

_____ SCHIP Medicaid Expansion Program
(SEDS form 64.21E)

_____ Separate Child Health Program
(SEDS form 21E)

2. Please report any evidence of change in the number or rate of uninsured, low-income children in your State that has occurred during the reporting period. Describe the data source and method used to derive this information.

No change. Nebraska uses information from the U.S. Census Bureau for low-income uninsured children by State. The most recent data are for March 2001.

(States with only a SCHIP Medicaid Expansion Program, please skip to #4)

3. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

51,471 children. Nebraska's eligibility system provides a monthly count of all children eligible for Medicaid and CHIP. This compares November 2002 to August 1998 (prior to implementation of CHIP).

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your previously submitted Annual Report?

Note: The baseline is the initial estimate of the number of low-income uninsured children in the State against which the State's progress toward covering the uninsured is measured. Examples of why a State may want to change the baseline include if CPS estimate of the number of uninsured at the start of the program changes or if the program eligibility levels used to determine the baseline have changed.

 x No, skip to the Outreach subsection, below

_____ Yes, please provide your new baseline _____ And continue on to question 5

5. On which source does your State currently base its baseline estimate of uninsured children?

_____ The March supplement to the Current Population Survey (CPS)

_____ A State-specific survey

_____ A statistically adjusted CPS

_____ Another appropriate source

A. What was the justification for adopting a different methodology?

B. What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

C. Had your State not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

Nebraska continues to conduct outreach both at the local/community and statewide level for Kids Connection.

2. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

Distribution of applications/brochures to the public school districts for each enrolled student in the public schools results in the greatest number of applications received on a monthly basis and children found eligible for the program each year.

3. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

This has not been measured. Nebraska continues to provide print materials in Spanish. Materials are provided in English to ethnic community centers for their translation with their populations. The Robert Wood Johnson Covering Kids & Families Grant national staff have offered to assist Nebraska in translating the application and other print materials into Vietnamese to meet the needs of that population.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

All States must complete the following 3 questions

1. Describe how substitution of coverage is monitored and measured.

To determine if children eligible for CHIP had health insurance at the time of application, Nebraska does a data match with the major health insurers in the state. Based on this data match, a report is produced of CHIP eligible children with private health insurance in effect at the time that the child became CHIP eligible. Follow-up is conducted with the caseworker to determine if the policy is active and if the policy is active and available to the child, the case is closed. If the policy is inactive, the end-date for the policy is added to the case-file. If the policy is unavailable to the child no action is taken on the child's CHIP eligibility.

2. Describe the effectiveness of your substitution policies and the incidence of substitution. What percent of applicants, if any, drop group health plan coverage to enroll in SCHIP?

Through this data match process, it has been determined that although some of the children may have health insurance, it is not available to the child. An example would be when an absent parent lives in another state and services can not be obtained out of network on the policy that is carried on the child. Another situation that occurs is when an absent parent will not provide information that allows the child to access the insurance. So, although the child appears on the report, they do not have access to insurance and did not have access at the time of eligibility. The data match is effective in updating current health insurance policies when the parents have not disclosed insurance information at the time of application. It is also effective in keeping case-files updated when policies have closed.

3. At the time of application, what percent of applicants are found to have insurance?

Not determined. Most of the cases are those where the child does not have access to the insurance or the policy has ended.

States with separate child health programs over 200% of FPL must complete question 4

4. Identify your substitution prevention provisions (waiting periods, etc.).

States with a separate child health program between 201% of FFP and 250% of FPL must complete question 5.

5. Identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

States with waiting period requirements must complete question 6. (This includes states with SCHIP Medicaid expansion programs with section 1115 demonstrations that allow the State to impose a waiting period.)

6. Identify any exceptions to your waiting period requirement.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.
2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. Have you identified any challenges? If so, please explain.
3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures are being taken to retain eligible children in SCHIP? *Check all that apply.*

<input type="checkbox"/>	Follow-up by caseworkers/outreach workers
<input checked="" type="checkbox"/>	Renewal reminder notices to all families, <i>specify how many notices and when notified</i> 1 reminder is sent 45 days prior to end of eligibility period
<input type="checkbox"/>	Targeted mailing to selected populations, <i>specify population</i> _____
<input type="checkbox"/>	Information campaigns
<input checked="" type="checkbox"/>	Simplification of re-enrollment process, <i>please describe</i> 1-page redetermination form
<input type="checkbox"/>	Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, <i>please describe</i> _____
<input type="checkbox"/>	Other, <i>please explain</i> _____

2. Which of the above measures have been effective? Describe the data source and method used to derive this information.

Simplified, 1-page redetermination form. Clients complete the form and return it to the local HHS office. Effectiveness is measured when the form is completed and returned.

3. Has your State undertaken an assessment of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, or how many move?) If so, describe the data source and method used to derive this information.

Sample conducted in 1999.

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

No

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

No

FAMILY COVERAGE PROGRAM UNDER TITLE XXI

1. Does your State offer family coverage through a family coverage waiver as described in 42 CFR §457.1010?

☐ Yes, briefly describe program below
and continue on to question 2. ☒ No, skip to the Premium Assistance Subsection.

2. Identify the total State expenditures for family coverage during the reporting period.

3. Identify the total number of children and adults covered by family coverage during the reporting period. (Note: If adults are covered incidentally they should not be included in this data.)

Number of adults ever enrolled during the reporting period

Number of children ever enrolled during the reporting period

4. What do you estimate is the impact of family coverage on enrollment, retention, and access to care of children?

5. How do you monitor cost effectiveness of coverage? What have you found?

PREMIUM ASSISTANCE PROGRAM UNDER SCHIP STATE PLAN

1. Does your State offer a premium assistance program through SCHIP?

Note: States with family coverage waivers that use premium assistance should complete the Family Coverage Program subsection. States that do not have a family coverage waiver and that offer premium assistance, as part of the approved SCHIP State Plan should complete this subsection and not the previous subsection.

_____ Yes, briefly describe your program below and
continue on to question 2.

 X No, skip to Section IV.

2. What benefit package does your state use? e.g., benchmark, benchmark equivalent, or secretary approved

3. Does your state provide wrap-around coverage for benefits?

4. Identify the total number of children and adults enrolled in your premium assistance SCHIP program during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever enrolled during the reporting period

_____ Number of children ever enrolled during the reporting period

5. Identify the estimated amount of substitution, if any, that occurred as a result of your premium assistance program.

6. Indicate the effect of your premium assistance program on access to coverage.

7. What do you estimate is the impact of premium assistance on enrollment and retention of children?

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below. *Note: This reporting period = Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02). If you have a combination program you need only submit one budget; programs do not need to be reported separately.*

COST OF APPROVED SCHIP PLAN

Benefit Costs	Reporting Period	Next Fiscal Year	Following Fiscal Year
Insurance payments			
Managed Care	1,263,026	1,390,000	1,529,000
Per member/Per month rate @ # of eligibles			
Fee for Service	14,234,395	16,400,000	18,860,000
Total Benefit Costs	15,497,421	17,790,000	20,389,000
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$15,497,421	\$17,790,000	\$20,389,000

Administration Costs

Personnel	433,890	450,000	464,000
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing	120,934	127,000	133,000
Outreach/Marketing costs			
Other	40,164	42,000	44,000
Total Administration Costs	594,988	619,000	641,000
10% Administrative Cap (net benefit costs ÷ 9)	1,721,936	1,976,667	2,265,444

Federal Title XXI Share	11,536,648	13,191,889	15,124,776
State Share	4,555,761	5,217,111	5,905,224

TOTAL COSTS OF APPROVED SCHIP PLAN	16,092,409	18,409,000	21,030,000
---	-------------------	-------------------	-------------------

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations (such as United Way, sponsorship)
- ☐ Other (specify)

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled your demonstration SCHIP program during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What do you estimate is the impact of your State's SCHIP section 1115 demonstration waiver is on enrollment, retention, and access to care of children?

4. Please complete the following table to provide budget information. Please describe in narrative any details of your planned use of funds. *Note: This reporting period (Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	Reporting Period	Next Fiscal Year	Following Fiscal Year
Benefit Costs for Demonstration Population #1 (e.g., children)			
Insurance Payments			
Managed care			
per member/per month rate @ # of eligibles			
Fee for Service			
Total Benefit Costs for Waiver Population #1			
Benefit Costs for Demonstration Population #2 (e.g., parents)			
Insurance Payments			
Managed care			
per member/per month rate @ # of eligibles			
Fee for Service			
Total Benefit Costs for Waiver Population #2			
Benefit Costs for Demonstration Population #3 (e.g., pregnant women)			
Insurance Payments			
Managed care			
per member/per month rate @ # of eligibles			
Fee for Service			
Total Benefit Costs for Waiver Population #3			
Total Benefit Costs			
(Offsetting Beneficiary Cost Sharing Payments)			
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)			
Administration Costs			
Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (specify)			
Total Administration Costs			
10% Administrative Cap (net benefit costs ÷ 9)			
Federal Title XXI Share			
State Share			
TOTAL COSTS OF DEMONSTRATION			

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. Please provide an overview of what happened in your State during the reporting period as it relates to health care for low income, uninsured children and families. Include a description of the political and fiscal environment in which your State operated.

Nebraska has been able to maintain the level of eligibility and health care services for low income, uninsured children and families in the state during the reporting period. Outreach efforts have continued at the same level as the previous year. The already well established network of public health nurses contracted with the Department continue to outreach and enroll eligible families, secure medical homes and provide follow-up for health care providers to families who miss appointments. In addition, Voices for Children, as Nebraska's Covering Kids and Families grantee, provides outreach and enrollment support for families.

The State's fiscal environment has taken a downturn this year with state revenues falling short of initial predictions. This shortfall resulted in the Governor calling a special session of the Legislature to address the State Budget in July 2002. During the special session, Medicaid funding was addressed and the resulting legislation, Legislative Bill 8 (LB8), will impact families receiving medical assistance. The changes enacted through LB8 will:

- Reduce the period of guaranteed continuous Medicaid eligibility for children (Kids Connection) from 12 months to 6 months from the date of initial eligibility; month by month eligibility determinations will be made thereafter;
- Provide Medicaid coverage until June 30, 2003, to caretaker relatives with family incomes equal to or less than 50 percent of the federal poverty level;
- Require that the family's total income be used in determining each family member's eligibility for Medicaid (new budgetary methodology);
- Change the income disregard for work-related expenses from 20 percent of gross income to a \$100 deduction from gross monthly earned income for each working adult; and
- Reduce transitional Medicaid for families losing eligibility for case assistance (welfare to work program) from 24 months to the federal requirement of 12 months.

These changes were implemented regulation changes and effective November 1, 2002. The impact of these changes will be reported in the Annual Report for FFY2003.

Additional cutbacks are possible in the future during the 2003 Legislative session as Nebraska is faced with additional short falls in revenue.

2. During the reporting period, what has been the greatest challenge your program has experienced?
The greatest challenge in our program during the reporting period has been how to maintain the level of eligibility and benefits and level of reimbursement to providers to maintain provider participation and access to care for clients when the state's revenue outlook has been so grim. With state revenues down, the state has faced a true budget crisis, balancing what is needed with what is affordable. There was no fee schedule increase for Medicaid providers in 2002 which affected health care providers who are already providing services at less than costs and are seeing a larger number of Medicaid and Kids Connection patients due to the increase in eligibles since the implementation of CHIP and the downturn of the state economy.

3. During the reporting period, what accomplishments have been achieved in your program?
Nebraska has been able to maintain the eligibility levels at 185 percent of poverty and the current benefit package for children.

Parents report through calls to staff and the toll-free number that they appreciate the fact that the program is available to help them pay for both routine preventive health care as well as acute care services for their children. Some parents have reported that without Kids Connection they would not have had the resources to seek medical care.

During this reporting period we have hired a bilingual (Spanish) eligibility technician who works with the toll-free help-line, processing mail-in applications and has been a great asset to the program both in assisting families and in preparing materials for the growing Hispanic population in our state.

